

FILED MAY 8 1953

BIRTH NO.		REG. DIST. NO. 144		PRIMARY REG. DIST. NO. 5563		Registrar's No. 4	
1. PLACE OF DEATH a. COUNTY Iron				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Iron			
b. CITY (If outside corporate limits, write RURAL and give township) Rural, Liberty		c. LENGTH OF STAY (In this place) life		c. CITY (If outside corporate limits, write RURAL and give township) Rural, Liberty			
d. FULL NAME OF HOSPITAL OR INSTITUTION 10 mi. SE of Arcadia				d. STREET ADDRESS (If rural, give location) 10 miles SE of Arcadia			
3. NAME OF DECEASED (Type or Print) WILLIAM		a. (First)		b. (Middle) G.		c. (Last) WADLOW	
4. DATE OF DEATH (Month) (Day) (Year) April 29 1953		5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	
8. DATE OF BIRTH Dec. 27 1873		9. AGE (In years last birthday) 79		10. UNDER 1 YEAR Months 4 Days 2		11. UNDER 1 MRS. Hours 0 Mins. 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) section laborer retired				10b. KIND OF BUSINESS OR INDUSTRY Mo. Pac. R. R. Iron Co. Mo.			
11. BIRTHPLACE (City and State or Foreign Country) R. R. Iron Co. Mo.		12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Charles Washington Wadlow		13b. MOTHER'S MAIDEN NAME Permella Lane Dunnigan	
14. NAME OF HUSBAND OR WIFE Rebecca Wadlow		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. no		17. INFORMANT'S SIGNATURE OR NAME Mrs. Grace England Arcadia Mo.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary insufficiency</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic nephritis</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 10 yrs 3 yrs	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 592x				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from March 1, 1953, to April 29, 1953, that I last saw the deceased alive on April 2, 1953, and that death occurred at 1:10 p.m., from the causes and on the date stated above.							
23a. SIGNATURE <u>E. W. H. Patrick, M.D.</u>		(Degree or title)		23b. ADDRESS Deaterville, Mo.		23c. DATE SIGNED 4/29/53	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 4-30-53		24c. NAME OF CEMETERY OR CREMATORY Big Creek Cemetery		24d. LOCATION (City, town, or county) (State) Chloride Mo.	
DATE REC'D BY LOCAL REG. 5-6-53		REGISTRAR'S SIGNATURE Mrs. Grace England		25. FUNERAL DIRECTOR'S SIGNATURE White Funeral Home, Iron ton Mo.		ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAY 8 1948
7:21

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Arnell G. White

Licensed Embalmer No. 3012

P. O. Address Smiths River

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.